

## PREPARATION OF PERSONNEL SECURITY QUESTIONNAIRE

## Section A—Instructions For Completing DD Form 398, Personnel Security Questionnaire (BI/SBI)

TABLE A3-1

## HOW TO COMPLETE DD FORM 398

L I N E	A	B
	To complete item	Enter
1	1a	last name, first name, and middle name in that order. Names should agree with military or civilian employment records; if they do not, explain on an attached sheet of plain paper. If no middle name enter "NMN." If name consists of initials only, enter the initials followed by "IO." Include additional designations such as Jr., Sr, II, (3rd), etc., when applicable.
2	1b	maiden name if applicable.
3	2	any other name by which you are, or have been known. Include former names, changes in name, nicknames, or variant spellings used. If your name has changed, explain why, when, and where on an attached sheet of plain white paper or in item 18. List husband's first and last name only if you are known by that name (AKA Mrs John Doe)
4	3	social security number (SSN); if none, so state.
5	4	year, month, and day of your birth, in that order. Use the last two digits of the year, a two-digit number for the month, and a two-digit number for the day; for example, 1 August 1944 is entered as 44-08-01.
6	5a-5d	place of birth in the following order: City, (do not abbreviate), County (do not abbreviate), State (Use two-letter abbreviation), Country if other than United States (Do not abbreviate). If foreign born, show city, political division (state), and country; example: Oberusal/Tanners, Hesse, Germany. If US citizen born abroad, and State Department Form FS 240, Report of Birth Abroad of a Citizen of the United States of America, was issued, give details on an attached sheet of plain white paper or item 18.
7	6a-6d	a check mark in either: a. civilian, or b. military. If you are a civilian employed by the federal government, enter your grade. If military, enter your pay grade and place an "X" opposite the applicable service. If you are neither of the above, enter "NA" in both boxes. ANG and USAFR are part of the military program; enter these, if applicable, in the military block. Nonappropriated fund civilian employees enter "NAF" in the grade block.
8	7a-7f	a. "male" or "female." b. Red (Indian), Yellow (Asian/Mongoloid), Black (Negroid/African), White (Caucasoid), Other or Unknown. c. height in feet and inches—for example, "5 ft 11 in." d. Weight in pounds. e. Self-explanatory. f. Self-explanatory.
9	8	a check mark in either "a" if a citizen, or "b," if an alien. If you are a citizen, complete items 8c through 8h; if you are an alien, complete items 8i through 8m.
10	8c-8h	c. a check mark in "yes" if you are native born, or in "no" if citizenship was obtained by derivation or naturalization. d: naturalization certificate number. e: parents' naturalization numbers, if citizens by derivation. f: data subject's naturalization or derived citizenship certificate was issued. g: city and state where naturalization or derived citizenship is recorded. h. court where naturalization or derived citizenship is recorded.
11	8i-8m	i: alien registration number. j: country of which you are currently a citizen. k: Self-explanatory. l: city and state where you entered the United States. m: Form I-151 number if admitted for permanent residence.
12	9	each period of enlistment or extended active duty. If service was with foreign military, identify the country on an attached sheet of plain paper or item 18. Officers who have prior enlisted or warrant service, or who have integrated into regular status, include the applicable information in this item. Reserve or National Guard service must be entered.
13	9a	date service began.
14	9b	date service ended. (If you are on active duty, enter "Present" for the latest service and ending dates for all other periods.)

TABLE A3-1. Continued

## HOW TO COMPLETE DD FORM 398

L I N E	A	B
	To complete item	Enter
15	9c	branch of service (Air Force, Army, Navy, or Marines)
16	9d	rank at date of discharge for each period of service.
17	9e	(If you entered the US Armed Forces after January 1970, your service number is the same as your social security number (SSN). If the period of service began before and ended after January 1970, enter both the service number and SSN.)
18	9f	Self-explanatory.
19	10	Also list guardians, stepparents, foster parents, brothers, sisters, stepbrothers, stepsisters and other relatives or friends to whom you are bound by affection or obligation only if such persons are residing in or are citizens of any foreign country.
20	10a	individual's relationship to you; name (last, first, and middle initial); and maiden name, if applicable. List date and place of marriage to current spouse in item 18.
21	10b	date of birth for all persons listed. Use same as item 4 above (year-month-day).
22	10c	city and state, or country if other than United States.
23	10d	current address of each person listed. If deceased, enter "deceased."
24	10e	citizenship of each person listed. Alien registration data, and so forth, are not to be listed on these persons.
25	11 (see note 1)	(For BI and PR. List all places of residence during the last 5 years, in chronological order, beginning with the current address. If you are under 21 years of age, list residences for the past 3 years or since your 16th birthday, whichever is the shorter period.) (For SBI: List all places of residence for the past 15 years, in chronological order, beginning with current address. If any period was overseas, if possible, provide in item 18, "Remarks," names and addresses of two individuals (preferably living in the United States) who can verify the period of overseas residence through personal knowledge. If you are under 21, list residences for the past 3 years or since your 16th birthday, whichever is the shorter period. If unable to provide overseas verification, so state in item 18, "Remarks.")
26	11a	inclusive dates for each period of residence. Refer to General Instructions on the form.
27	11b	(Do not list a permanent mailing address or family residence in this item, unless you actually resided at such address during the period listed. Furnish residence addresses in the local community, and on bases or installations while in military service. If the residence was on a military installation, include the complete on-base address, to include barracks or house number. List the actual place of residence while attending school. Do not list merely the name of the school or "On Campus" as a place of residence. If you give a metropolitan address, list the borough or residence.)
28	11c	(Do not abbreviate city names.)
29	11d	(Use two-letter abbreviations for the state.)
30	11e	(Do not abbreviate country names.)
31	11f	Self-explanatory.
32	12 (see note 1)	(For BI and PR: Beginning with present employment, list each period of employment during the last 5 years, in chronological order. Include all periods of part-time employment or unemployment. If under 21, list each period for the past 3 years or since your 16th birthday, whichever is the shorter period. If possible, list the name and address in item 18, "Remarks," of a person who can verify your activities during periods of unemployment and nonattendance at school full time.) (For SBI: Beginning with present employment, list each period of employment during the last 15 years, in chronological order. Include all periods of part-time employment or unemployment. If any period of employment was overseas, if possible, list in item 18, "Remarks," names and addresses of

TABLE A3-1. Continued

## HOW TO COMPLETE DD FORM 398

LINE	A		B
	To complete item		Enter
			two individuals (preferably currently living in the United States) who can verify the period of overseas employment through personal knowledge. Individuals listed in item 11, to verify residences, may also be used to verify employment. If under 21, list each period for the past 3 years or since your 16th birthday, whichever is the shorter period. List the name and address in item 18, "Remarks," of a person who can verify your activities during periods of unemployment and nonattendance at school full time. If unable to provide overseas verification, so state in item 18, "Remarks.")
33	12a		inclusive dates for each period of employment, part-time employment, and unemployment. Refer to General Instruction on the form.
34	12b		(Military personnel should identify each unit organization and station to which assigned during the required reporting period (last 5 years for BI and last 15 years for SBI). If self-employed, show the name and address of the business. If employed by a temporary help supplier, list only the temporary help supplier, even though you worked at several different client companies using the temporary help supplier's services. If employed through a union hiring hall, list only the companies where you worked. Do not list the union as an employer unless your wages were actually paid by the union.
35	12c		the exact local address for each employment listed. If any employers were located in a metropolitan area include the borough or suburb. If employed by a large corporation give the specific address of the plant where you worked. Do not merely list the corporate address or location (for example: General Motors, Detroit, Michigan is not an acceptable address.)
36	12d		last name, first name, and middle initial.
37	13		(Read instructions on the form first for this item.)
38	13a		(If answer is yes, list in item 18, "Remarks," the inclusive dates of service, and name and address of last organization. If already shown in item 12, enter "see item 12.")
39	13b		(List in item 18, "Remarks," all periods of foreign travel during the reporting period (the last 5 years for a BI; the last 15 years for a SBI). Travel prior to age 16 must be included if it falls within the reporting period. If the answer is "no," then you need not detail travel in a foreign country that was a result of military service or government employment. If, however, you are stationed in one country (for example, Germany), and take leave in another or take personnel travel to another (for example, France), item 13b must be answered "yes" and detailed. Show inclusive dates of travel for each country visited and the purpose of the travel. Entries concerning travel in cities or countries divided into free-world and communist-oriented parts must indicate in which part travel was performed (for example, 79-04 East Berlin, East Germany).)
40	13c		(In item 18, "Remarks," explain on an attached sheet of plain white paper the nature and extent of any foreign interests. Identify any foreign government or firm that you work for or serve in any capacity. Describe the nature of your employment or relationship. If a foreign employer's address is shown under item 12, enter "see also item 12.")
41	14		(See General Instructions on the form concerning dates.)
42	14a		a check in the applicable block.
43	14b		current name of any and all former spouses if divorced. Use item 18, "Remarks," of necessary.
44	14c		all dates of prior marriage(s) if divorced more than once. Use item 18, "Remarks," if necessary.
45	14d		city and state where each marriage ceremony was conducted.
46	14e		show all dates of divorce if divorced more than once. Use item 18 "Remarks," if necessary.
47	14f		(Identify fully the court where each divorce was granted.) Use item 18 "Remarks," if necessary.
48	14g		city and state where each divorce was granted. Use item 18 "Remarks," if necessary.
49	15		(For BI and PR. Beginning with the last school attended, list in chronological order all full-time attendance at colleges, universities, and service academies. High school need not be listed unless it was the last school attended in the last 5 years.)

TABLE A3-1. Continued

## HOW TO COMPLETE DD FORM 398

L I N E	A	B
	To complete item	Enter
		(For SBI. Beginning with the last school attended, list in chronological order all full-time attendance at colleges, universities, and service academies. High school need not be listed unless it was the last school attended in the last 15 years. When education occurred overseas and it was not under the auspices of the US Government, list names and addresses of two individuals, preferably residing in the United States, who can verify the period of foreign education through personal knowledge. References listed in item 11, "Residences," or item 12, "Employment," may also be listed to verify education.
50	15a	inclusive dates for each education period. Refer to General Instructions on the form.
51	15b	complete name of the school.
52	15c	number, street, city, and state or country. If located in a large metropolitan area indicate borough or suburb.
53	15d	Self-explanatory.
54	15e	(Use proper abbreviation, for example, B.A., B.S., etc., when applicable.)
55	16	(Disregard the first sentence of instructions within parentheses on the form. All persons complete this item. List three individuals or firms that have extended credit to you during the past 5 years. Do not include relatives, former employers, or persons living outside the United States. If you cannot furnish bona fide credit references, list a school where tuition was paid, or any store, gasoline station, auto dealer, repair shop, life insurance company, doctor, lawyer, and so forth, where cash was paid for services or goods and who has knowledge or records of the financial transaction. Time period also pertain to PRs.
56	16a	Self-explanatory.
57	16b	(When listing a company, business, credit card, etc., provide an account number, when proper.)
58	16c	(When listing a mail order company, show the billing address.)
59	16d	Self-explanatory.
60	16e	(Use two-letter abbreviations for the state.)
61	16f	Self-explanatory.
62	17	(For BI and PR. List five adult good friends, co-workers, colleagues, classmates, etc., whose total association with you covers the last 5 years of your life or the period since your 16th birthday, whichever is the shorter period. Each person listed must be someone who knows you well. <i>Do not</i> include relatives, former employers, or persons residing outside the United States. (For SBI. List five adult good friends, co-workers, colleagues, classmates, etc., whose total association with you covers the last 15 years of your life or the period since your 16th birthday, whichever is the shorter period. Each person listed must be someone who knows you well. <i>Do not</i> include relatives, former employers, or persons residing outside the United States.) <i>(Military References.</i> Military references may be listed if their present military grade, organization, and address are known. Do not list high ranking military or civilian officials unless a close and continuing relationship exists and you are reasonably sure that such officials will not object to being interviewed.)
63	17a	last name, first name, and middle initial of each reference.
64	17b-c	inclusive periods of your association by referencing years; for example, From: 77, To: 79.
65	17d	Self-explanatory.
66	17e	(Do not abbreviate.)
67	17f	(Use the correct two-letter abbreviation for the state.)
68	17g	Self-explanatory. ( <i>Addresses.</i> Give current complete address of each reference. If available, list both the home phone and business address and telephone numbers for each. If any reference is located in a large metropolitan area, indicate the borough or suburb. If you indicate a rural or Star Route address,

TABLE A3-1. Continued

## HOW TO COMPLETE DD FORM 398

L I N E	A		B
	To complete item		Enter
			give complete instructions for locating the address from the nearest town or post office (for example, Star Route, Jackson County, 5 miles south of Grass Lake, Michigan, on Highway 31, turn left on Parma Road, proceed 1½ miles to third white house on right side of the road.) Use item 18, "Remarks," if necessary.)
69	18		(Use this space to continue any item on the form where insufficient space was provided for you to complete the form item. If item 18 is filled and you need more room, attach additional sheets as needed, clearly identified with your name and SSN. Also indicate "See Attached Sheet(s)" at the end of the remarks section. When you use the remarks section or attach additional sheets, always identify the number being continued and follow the format you have been using for information prescribed on the form and in the instructions. See the General Instructions.
70	19a		all organizations except those referred to in b. below, in which you held or have held membership. If none, so state.
71	19b		a check mark in either "yes" or "no," for each question. If "yes" is checked, enter in item 18, "Remarks," the full name of the organization (do not use initials or abbreviations) and describe the circumstances of your membership or association. If necessary, attach additional sheets for a full detailed statement. Include dates, places, and offices, positions, or credentials now or formerly held. If you are associated with individuals who are members of the described organizations, then list the individuals and the organization with which they were or are affiliated.
72	19ai		full name of the organization (do not use initials or abbreviations.)
73	19bii		number, street, city, and state (or country if other than United States.)
74	19aiii		(Identify the type of organization (for example, social, fraternal, etc.))
75	19aiv-v		inclusive dates of membership in terms of year and month, using the last two digits of the year and a two digit number for the month (for example, January 79 would be entered as 79-01).
76	20		a check mark in either "yes" or "no" for each question. If "yes" is checked, provide a full, detailed description of the circumstances in item 18, "Remarks." If necessary, attach additional sheets for a full detailed statement.
77	20a-b		(See the listing of controlled substances at figure 8-1. If you illegally used, purchased, possessed, or sold any of these substances, your response should be "yes" and you should identify the particular substance involved! Give a detailed description of involvement. If part of the answer is covered by item 21 add "see item 21.")
78	20c-d		(Responses regarding medical matters must identify primary physicians, therapists, and counselors who treated you. Also state when the treatment was completed or if it is continuing. Show any institutions or agencies involved in your treatment, to include names, dates, and locations.
79	20e		name and location of the court, and the date the bankruptcy judgment was made.
80	21		a check mark in either "yes" or "no" for each question. If "yes" is checked, provide clarifying information in items 21i through 21v (see note 2).
82	21ii		any action that resulted in placement of your name on a police on record (give docket number or indictment number, if known). Include any action committed while a juvenile or if you were considered a "juvenile offender." List all Article 15, UCMJ, or Captains' Mast if they resulted in fines, restrictions, demotions, etc. If part of the answer is mentioned in item 20, state "see item 20."
83	21iii		name of the police agency on the top line and its location (city/country and state, or country if not in the United States) on the second line.
84	21iv		name of the court on the top line and its location (city/country and state, or country if not in the United States) on the second line.

TABLE A3-1. Continued

## HOW TO COMPLETE DD FORM 398

L I N E	A	B
	To complete item	Enter
85	21v	amount of fine, length of sentence or probation, not guilty pleas, or any special pleas as applicable.
86	Date	(All information must be current as of the date of the form and must be received by DIS within 60 calendar days of the date signed.)
87	Signature	(Sign in blue or black ink. Each copy of the form must have an original signature.)

## NOTES:

1. For classified assignments, show unit of assignment as the controlling CBPO for that classified location and show residence as "classified assignment." Do not put classified information on this form.

2. When in doubt as to the necessity for revealing information under this item, it is recommended that incidents be listed to preclude future questions regarding omissions. Use item 18 "Remarks," if needed.

## Section B—Instructions for Completing DD Form 398-2, Personnel Security Questionnaire (National Agency Check)

TABLE A3-2

## HOW TO COMPLETE DD FORM 398-2

L I N E	A	B
	To complete item	Enter (see note 1)
1	1a-1b	name in the following order: last name, first name and middle name. Names should agree with military or civilian employment records; if they do not, explain on an attached sheet of plain paper. If no middle name enter "NMN." If name consists of initials only, enter the initials followed by "IO." Include additional designations such as Jr., Sr, II, (2nd), III, (3rd) etc. when applicable. Enter maiden name if applicable.
2	2	any other name by which you are, or have been, known. Include former names, changes in name, nicknames, or variant spellings used. If the name has changed, explain why, when and where on an attached sheet of plain white paper. Provide the inclusive dates any other names was used.
3	3	"Male" or "Female."
4	4	Social Security Number (SSN); if none, so state.
5	5	the year, month, and day of your birth in that order. Use the last two digits of the year, a two-digit number for the month and a two-digit number for the day; for example, 1 August 1944 will be entered as 44-08-01.
6	6a-6e	place of birth in the following order: City, (do not abbreviate), County (do not abbreviate), State (Use two-letter abbreviation), Country if other than United States (do not abbreviate). If foreign born, show city, political division (state), and country, example: Oberusall/Tanners, Hesse, Germany. If US citizen born abroad, and State Department Form FS 240, Report of Birth Abroad of a Citizen of the United States of America, was issued, give details on an attached sheet of plain white paper.
7	7a-7d	a check in applicable block. If you are a civilian employed by the federal government, enter your grade. If military, enter your pay grade and place an "X" opposite the applicable service. If you are neither of the above, enter "NA" in both boxes. ANG and USAFR are part of the military program; enter these, if applicable in the military block. Nonappropriated fund civilian employees enter "NAF" in the "grade" block.
8	8	a check mark in "a" if a citizen, "b" if an alien. If you are a citizen, complete items 8c through 8h; if you are an alien complete items 8i through 8m.
9	8c-8h	c. a check mark in "yes" if you are native born, or in "no" if citizenship was obtained by derivation or naturalization. d: your naturalization certificate number. e: parents' naturalization numbers if citizens by derivation. f: date naturalization or derived citizenship certificate was issued. g: city and state where naturalization or derived citizenship is recorded. h: court where naturalization or derived citizenship is recorded.

TABLE A3-2

## HOW TO COMPLETE DD FORM 398-2

L I N E	A		B
	To complete item		Enter (see note 1)
10	8i-8m		i. alien registration number. j. country of which are currently a citizen. k. Self-explanatory. l. city and state where you entered the United States. m. Form 151 number if admitted for permanent residence.
11	9		each period of enlistment or extended active duty from which a discharge certificate of service was received, even though you may have been ordered back to active duty the next day. If service was with foreign military, identify the country on an attached sheet of plain paper. Officers who have had prior enlisted or warrant service, or who have integrated into regular status, include the applicable information in this item. Reserve or National Guard service must be entered.
12	9a		date service began.
13	9b		date service ended (If you are on active duty, enter "Present" for the latest service and ending dates for all other periods.)
14	9c		branch of service (Air Force, Army, Navy, or Marines).
15	9d		rank at date of discharge for each period of service.
16	9e		(If you entered the US Armed Forces after January 1970, your service number is the same as your social security number (SSN). If the period of service began before and ended after January 1970, enter both the service number and SSN.)
17	9f		Self-explanatory.
18	10		(Read instructions on the form and list all persons described.)
19	10a		individual's relationship to you; name; and maiden name, if applicable. List last and first names and middle initial.
20	10b		date of birth for all persons listed. Use same format as item 5 above (year-month-day).
21	10c		city and state, or country if other than the United States.
22	10d		current address of each person listed. If deceased, enter "deceased."
23	10e		citizenship of each person listed.
24	11		(Read instructions on the form first.)
25	11a		Give inclusive data for each period of residence.
26	11b		(Do not list a permanent mailing address or family residence, unless you actually resided at the address during the period covered. Furnish residence address in local community and on base while in military service. If the residence was on a military installation, include the complete on-base address, to include dormitory or house number. Enter the actual place of residence while attending schools, <i>do not</i> merely give the name of the school, or enter "On campus" as a place of residence. If you give a metropolitan address, enter the borough or suburb. Give rural route numbers if applicable; do not use post office box numbers.)
27	11c		(Do not abbreviate city names.)
28	11d		(Use two-letter abbreviation for state.)
29	11e		(Do not abbreviate country names.)
30	11f		Self-explanatory.
31	12		(Beginning with present employment, list each period of employment during the past 5 years, in chronological order. Include all periods of part time employment or unemployment. If under 21, list each period for the past 3 years or since your 16th birthday, whichever is the shorter period. List the name and address of a person who can verify your activities during period of unemployment and nonattendance at school full time on an attached sheet of plain white paper.)
32	12a		inclusive dates for each period of employment, part-time employment, and unemployment.

TABLE A3-2

## HOW TO COMPLETE DD FORM 398-2

L I N E	A		B
	To complete item		
			Enter (see note 1)
33	12b		(Military personnel should identify each unit or organization and base or installation to which assigned during the past 5 years. If self-employed, show the name and address of the business. If employed by a temporary help supplier, list only the temporary help supplier even though you worked at several different client companies using the temporary help supplier's services. If employed through a union hiring hall, list only the companies where you worked. Do not list the union as an employer unless your wages were actually paid by the union.)
34	12c		exact local address for each employment listed. If any employers were located in a metropolitan area, include the borough or suburb. If employed by a large corporation, give the specific address of the plant where you worked. Do not merely list the corporate address or location (for example: General Motors, Detroit, Michigan, is not an acceptable address).
35	12d		last name, first name, and middle initial.
36	13a		(If answer is yes, list on an attached sheet of plain white paper, inclusive dates of service, and name and address of last organization. If already shown in item 12, enter "see item 12.")
37	13b		(List on a separate sheet of plain white paper all periods of foreign travel during the past 5 years. Travel prior to age 16 must be included if it falls within the reporting period. If the answer is "no," then you need not detail travel in a foreign country that was a result of military service or government employment. If, however, you are stationed in one country (Germany), and take leave in another (France), item 13b must be answered "yes" and detailed. Show inclusive dates of travel for each country visited and the purpose of the travel. Entries concerning travel in cities or countries divided into free-world and communist-oriented parts must indicate in which part travel was performed (for example, 79-84 East Berlin, East Germany).)
38	13c		(On an attached sheet of plain white paper, explain the nature and extent of any foreign interests. Identify any foreign government or firm that you work for or serve in any capacity. Describe the nature of your employment or relationship. If a foreign employer's address is shown under item 12, enter "see also item 12.")
39	14		a check mark in "yes" or "no" for each question. If "yes" is checked, provide clarifying information in items 14i through 14v (see note 2).
40	14i		Self-explanatory.
41	14ii		Any action that resulted in placement of your name on a police or court record (give docket number or indictment number, if known). Include any act committed while a juvenile or if you were considered a "juvenile offender." List all Article 15, UCMJ, or Captain's Mast if they resulted in fines, restricts, demotions, etc.)
42	14iii		name of the police agency on the top line and its location (city/county and state, or country if not in the United States on the second line.)
43	14iv		name of the court on the top line and its location (city/county and state, or country if not in United States on the second line.)
44	14v		amount of fine, length of sentence or probation, not guilty pleas, or any special pleas, as applicable.
45	15		a check mark for "yes" or "no" for each question. If "yes" is checked, provide a full detailed description on an attached sheet of plain white paper.
46	15a-b		(See the listing of controlled substances figure 8-1.) If you illegally used, purchased, possessed, or sold any of these substances, your responses should be "yes" and you should identify particular substances involved. Give detailed description of involvement. If part of the answer is already covered by item 14, add "see item 14.")
47	15c-d		(Responses regarding medical matters must identify the primary physicians, therapists, and counselors who treated you and state when the treatment was completed or that it is continuing. Show any institutions or agencies involved in your treatment, to include names, dates, and locations.
48	15e		name and location of the court, and the date the bankruptcy judgment was made.



TABLE A3-2

## HOW TO COMPLETE DD FORM 398-2

L I N E	A	B
	To complete item	Enter (see note 1)
49	16a	all organizations, except those referred to in b below, in which you hold or have held membership.
50	16i	full name of the organization (do not use initials or abbreviations.
51	16ii	number, street, city, state, and country, if other than United States.
52	16iii	type of organization (social, fraternal, etc.)
53	16iv-v	inclusive dates of membership in terms of year and month, using the last two digits of the year and a two digit number for the month. (for example: October 1979 would be 79-10).
54	16b	a check mark in "yes" or "no" for each question. If "yes" is checked, enter on an attached sheet of plain white paper, the full name of the organization (do not use initials or abbreviations) and describe the circumstances of your membership or association. Provide a full detailed statement to include dates, places, and offices, positions or credentials now, or formerly, held. If you are associated with individuals who are members of described organizations, then list these individuals and the organizations with which they are or were affiliated.

## NOTES:

1. Detailed answers that require continuation on plain white paper should be entered in the same sequence in which items appear on the questionnaire. At the top of each continuation sheet, type or print your name, SSN, and "continuation sheet for DD Form 398-2." Identify each remark with the item number to which it applies. For example:

## 11. Residences (Continued)

78-01 to 86-04 1221, Riverside, Chaska, Hennipin, MN 55062

2. When in doubt as to the necessity for revealing information under this item, it is recommended that incidents be listed to preclude future questions regarding omissions.